

Appendix B

VIRGINIA TRAUMA CENTER DESIGNATION/VERIFICATION APPLICATION

Hospital Capabilities

Please fill in with your hospitals capabilities in its entirety. This form should be submitted along with your application for designation/verification.

Name of Hospital:

Hospital Mailing Address:

City:

State: Virginia

Zip Code:

Hospital Capabilities	Total
Number of Licensed Beds In Hospital	
Emergency	
Total Annual ED Volume (last 12 months)	
Number of Emergency Physicians	
Nursing Staff Demographics Emergency Department	
RN's	
LPN/LVN's	
Assistants	
Average Years Experience	
CCRN/CEN	
ACLS	
PALS	
TNCC	
Other	
Trauma Service	
Number of Trauma Team Responses (last 12 months)	
Highest Tiered Response	
Lowest Tiered Response	
Number Of Admissions To Trauma Service (Last 12 Months)	
Blunt Trauma	%
Penetrating Trauma	%
Burns	%
Other	%
Number of patients by ISS	
0 - 9	
9 - 15	
16 - 24	
≥ 25	
Number of Trauma Admission To Non Surgical Services	
Number of Trauma Surgeons Taking Active Call	

VIRGINIA TRAUMA CENTER DESIGNATION/VERIFICATION APPLICATION

Hospital Name: _____

Page 2

Critical Care	
Number of Critical Care Beds In Facility	
Nursing Staff Demographics Intensive Care Units	
RN's	
LPN/LVN's	
Assistants	
Average Years Experience	
Patient Ratio	:
CCRN/CEN	%
ACLS	%
PALS	%
TNCC	%
Other	%
Pediatrics	
Nursing Staff Demographics Pediatric ICU	
RN's	
LPN/LVN's	
Assistants	
Average Years Experience	
Patient Ratio	:
CCRN/CEN	%
ACLS	%
PALS	%
TNCC	%
Other	
Burn	
Number Of Burn Beds	
Burn Transfers In (last 12 months)	
Burn Transfers Out (last 12 months)	
Nursing Staff Demographics Burn Unit	
RN's	
LPN/LVN's	
Assistants	
Average Years Experience	
Patient Ratio	:
CCRN/CEN	%
ACLS	%
PALS	%
TNCC	%
Other	
Trauma Registry	
Trauma Registry Application Used <Enter Name Here>	
Number Of Patients Reported To State Registry (last 12 mos.)	